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TREASURE STATE HEALTH

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Prominent Glasgow Physician Named to State Board of Health

B. P. Little, M.D.

Governor Forrest H. Anderson has announced the appointment of Dr. Bridger P. Little, of Glasgow, to the State Board of Health for a seven-year term beginning June 30, 1971. He will replace Dr. Robert D. Knapp, of Wolf Point.

Dr. Little was born in North Carolina in 1924. He attended Wake Forest College and received his M.D. degree from the University of Virginia in 1949. He interned in New York City and entered the Navy in 1951, serving as a medical officer with a beach battalion and on board a troop transport. He had previously been a corpsman with the Navy during the Second World War. He left the Navy in 1953 and after a short additional surgical training period with the Veteran's Administration, he came to Glasgow, Montana, and went into the practice of medicine and surgery at the Smith Clinic where he is now the senior partner.

DR. LITTLE HAS BEEN ACTIVE in civic affairs for many years, having been county health officer for 15 years and a member of the Valley County Development Council, attempting primarily to re-establish the prior Glasgow Air Force Base as a positive area and state economic force.

At the time of his appointment to the State Board of Health, Dr. Little was secretary of the Montana Aeronautics Commission, having been appointed by Governor Anderson in 1969. He will resign this position to come to the State Board of Health.

DR. LITTLE EXPLAINED his reasons for the change by stating, "I feel there is a need for a balance of Montana's abundant inheritance with the health and the prosperity of her citizens. After attending the graduate course in ecology at Eastern Montana College in 1970, I felt I could help achieve the balance by becoming involved in environmental health planning which my future service on the Board of Health will allow me to do."

Governor Anderson stated, "I was delighted to learn of Dr. Little's interest in serving on the Montana Board of Health. He is eminently qualified to participate in shaping health policies for Montana's people. His assistance can enable us to establish guidelines which will assure a clean, safe and healthful environment for future generations of Montanans."

Health Education Seen As Answer To Many Crisis Center Problems

An analysis of 2,469 calls handled during a three-month period by four crisis centers in Montana reveals that some 1,106 interventions—nearly 45 percent—may not have been necessary if the persons concerned had previously been involved in comprehensive, preventive health education programs.

At least, that is the opinion of Jack A. Shevalier, a health education consultant with the State Department of Health and a member of the Montana State Steering Committee for Crisis Intervention. He points out that most of the "preventable" situations concerned people troubled by such problems as illegitimate births; abortion information and counseling; family planning and conflicts; drugs; alcohol; venereal diseases; information on contraceptives; sexual hangups and aberrations; interrelationships and romance; and youth-parent, youth-school conflicts.

THE ANALYSIS INVOLVED calls handled by four of the state's ten crisis centers—those operating in Missoula, Butte, Great Falls and Billings. Leading the list were calls involving topics normally dealt with in sex education or family life education programs with a total of 766 inquiries. Some 251 calls concerned drugs and 89 calls were about alcohol.

As a first line of attack, Shevalier believes the schools must engage in "realistic teaching" on these and related topics. He also believes that the overall situation could be alleviated by an extension of family planning services to a larger portion of the state's population. And he feels that a considerable health education effort should be directed toward parents, which would not only help them with their own problems but make them better able to understand problems faced by their youngsters.

"It is significant," he says, "that more than 50 percent of all calls handled by the state's crisis centers come from people under the age of 21."

Shevalier notes that Montana is experiencing a spontaneous, rapid growth and development of crisis intervention centers. The effort now involves the work of more than 1,400 people in small and large communities, cities, counties and regions, and is facilitating the delivery of helping services to hundreds of people formerly not reached by existing, traditional systems of service delivery.

UNDER THE LEADERSHIP of Robert R. Gambs, of the University of Montana faculty, who is chairman of the State Steering Committee for Crisis Intervention, an application was recently submitted to the National Institute of Mental Health to secure funding for a full-time person to coordinate the activities of Montana's crisis centers. The committee believes a coordinator is needed to:

—seek out continuous, solid bases of funding for crisis centers that will

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Eye Bank Offers Unique Service

A little known but vitally important service to patients in need is being rendered to citizens of Montana through the Northwest Eye Bank, located in Missoula, according to Mrs. Dorothy Sulier, executive secretary of the organization.

BESIDES THE DONORS themselves, the service is made possible through the help of another group of citizens. They are the individual amateur radio operators in several Montana cities who make up the "Eye Emergency Network." These volunteer operators, together with their colleagues in each of the other 49 states, check in twice daily through a sectional network which covers the entire nation. They give and receive information on eyes which are needed by ophthalmologists and their patients and on eyes which have been made available by donors.

Earl Lander, of Great Falls, is manager of the Emergency Network for the Northwest Section of the United States, a nine-state area. He says that six or seven requests for donor eyes come through the short-wave network on any average night. The total number received through May 1, 1971, during the period that the network has been in operation, was 5,032.

Mrs. Sulier related that the eye bank was started through the efforts of Dr. E. M. Bargmeyer and Dr. E. J. Drouillard, of Missoula, in May, 1966. Since that time the bank has sent 42 eyes to ophthalmologists who requested them. Shipments are made by air, in special containers, packed in ice. Re-

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TREASURE STATE HEALTH
OFFICIAL BULLETIN — STATE DEPARTMENT OF HEALTH
Helena, Montana 59601

Forrest H. Anderson, Governor
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Editorial . . .

It should give pause to anyone to learn that more than half of all calls made to Montana's crisis centers come from troubled young people under 21. And it should be a matter of vital concern to everyone that a high percentage of these calls relate to a lack of basic, factual information that our society should be providing to youth as part of an educational process that is supposedly designed to equip them to deal effectively with life's problems.

A high-school girl is distraught over the possibility that she might be pregnant; a young couple must face up to the hard fact that a baby is on the way; a teenager is fearful that he may have contracted VD; a youngster is suddenly afraid that he is "hooked" on drugs; a youth cries for help because of a problem with alcohol—these and a myriad of like problems represent many of the situations faced daily by crisis centers.

As one example, consider the situation we now face with respect to gonorrhea. Officials at the Center for Disease Control estimate there were close to 1.8 million cases of gonorrhea in the United States in fiscal 1970, and the number could be well over two million this year. Venereal diseases occur most frequently among those between the ages of 20 and 24, followed closely by teenagers 15 to 19 years old. Statistically, VD strikes one teenager every 75 seconds somewhere in the U.S. The director of the Division of Disease Control, State Department of Health, estimates that Montana had more than 6,000 cases of gonorrhea last year, certainly an epidemic by any measure.

These facts should be viewed along with recent findings at a camp for Junior 4-H leaders in the state: a large percentage of these youngsters had only vague notions of the meaning of VD, how these diseases are contracted or spread from person to person. Is it any wonder, then, that so many young people are falling victim to VD?

Despite emotional opinions to the contrary, there is no evidence that giving young people factual information on sex and sexuality, contraceptives or venereal diseases will result in increases in promiscuous or licentious behavior. Nor will factual information on drugs increase their usage. Nor will rational explanations on the pitfalls that may be encountered with alcohol result in increased consumption.

But there is good evidence that given the facts young people will come to responsible, mature decisions. And they are apparently hungry for information that will help them deal with their problems. For instance, it was revealed by a recent national poll of a cross section of some 26 million American young people between the ages of 15 to 21, that more than three in four felt strongly that sex education should be taught in school; more than half the young men considered virginity important in a woman; nearly eight in ten opposed casual sex relations. Furthermore, more than three in four considered religion important to them, while 96 to 97 percent said it was important that marriage partners be faithful.

Do such opinions portray a young generation going to the dogs?

During the past few generations, good health education has been crowded out of the curricula in our public schools by pressures for teaching subjects considered more important. Today we are reaping the results of our shortsightedness. And, most certainly, the time has arrived to reassess the situation and once again make a strong effort to truly educate our young people for living.

John S Anderson M.D.

WASHINGTON DATELINE

The Corporation for Public Broadcasting has been granted more than $2 million from the U.S. Office of Education to help finance a series of high quality television programs on environmental education. A Public Broadcasting Environmental Center is to be set up along the lines of the Children's Television Workshop which produces "Sesame Street" for preschoolers. The center will produce—or subcontract for production—a series of half-hour shows for the general public, with plans calling for the series to be aired next October over noncommercial stations and to be run weekly for a year. These network programs will be supplemented by locally produced shows on environmental problems in 40 cities. The center will also provide broadcast materials for classroom instruction and teacher training and will research the effectiveness of its programs.

It appears that Democratic Representative Wilbur Mills, of Arkansas, chairman of the powerful House Ways and Means Committee and probably the most outspoken opponent of President Nixon's revenue-sharing proposal, may have altered his original posture and now has a plan of his own. Some sources says Mills will back a plan to share federal revenues with the cities, but not the states, and that any scheme that gets his endorsement must carry some label other than "revenue sharing."

A much-unheralded "White Paper," published by the U.S. Department of Health, Education and Welfare, defends the Nixon Administration's health strategy for the 1970's, aimed at modifying rather than replacing the nation's health care system, and blasts the labor-Kennedy national medical proposal. The document takes dead aim at the Kennedy bill, although not by name, and says it would set in motion a predictable series of events culminating in a "single enormous organization" that would begin to break down under the weight of bureaucracy.

Senator Edward Kennedy (D-Mass.) has lashed out at the bureaucracy of the National Institutes of Health in promoting his bill to divorce cancer research from NIH, charging the National Cancer Institute is buried under seven layers of officialdom. When questioned, however, about the possibility of a huge administrative nightmare under his national health bill, Kennedy refers to the operations of the Social Security Administration as a model of federal efficiency. Using SSA as an example is invalid, the paper says, because that agency collects and dispenses money on a formula basis in the absence of any discretionary freedom. But a single governmental health system would be involved in a vast number of judgmental issues affecting all parts of the nation.

Essentially, the paper is an enlargement of the President's health message to Congress and seeks to rebut criticism that the Nixon Administration is stingy with its expenditures for health care and arguments that private health insurance should be replaced by a national health insurance system as proposed by Kennedy. The paper says, "The Administration has seen no evidence that justifies the conclusion that the private health insurance industry has been so derelict in performance and so unresponsive to private needs, that the only solution is to abolish the industry. Instruments of reform, rather than those of warfare, appear to be more appropriate. . . ."

Dr. Merlin K. DuVal, Jr., appears as a sure bet to succeed Dr. Roger O. Egeberg in the nation's top health post—Assistant Secretary for Health and Scientific Affairs in the Department of Health, Education and Welfare. He is obviously acceptable to the White House, and his reputation within the medical profession has won him the enthusiastic support of the American Medical Association. His confirmation by the Senate seems assured. Dr. Egeberg will become a Presidential consultant.

Dr. DuVal has impressive administrative and health credentials. He is a 48-year-old surgeon from New Jersey who was assistant director of the University of Oklahoma Medical School from 1962 to 1964. Since then he has proved himself as an administrator and leader at the University of Arizona, in Tucson, where he has served as dean of the college of medicine.

Crisis Center Problems Analyzed

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insure their survival and continuing development.

—work toward expanded and meaningful communication between centers; making possible the sharing of experiences, knowledge, and facilitating effective and efficient operation.

—set qualitative standards in the interventive processes and implement uniform procedures in crisis centers operations and data recording.

—serve as a coordinator in the complex task of orderly growth and development of the state's crisis intervention movement.

—seek new and innovative ideas and processes to meet effectively the needs of individual centers.

SOME IDEA of the community involvement in the crisis intervention movement can be seen in the operations of the Missoula center. During its first full year of operation, an estimated 11,480 man-hours of volunteer work were put into the telephone coverage alone. A conservative estimate of 20,000 manhours in this one center includes the work of 40 back-up counselors who were on duty for 16 hours a day once or twice a month; it excludes the volunteer activities of the board of directors.

The Butte Crisis Center calculates an average of 2,425 manhours invested during each five-week period; and the Miles City Crisis Center, now in its early months of operation, claims a minimum of 900 manhours of work invested each month.

Currently, Montana has crisis centers operating in Missoula, Billings, Butte, Great Falls, Helena, Browning, Glasgow, Bozeman, Miles City and Conrad, and at least three other communities are actively moving forward toward the establishment of centers.

Eye Bank Services

(Continued from Page 1)

cipients of these eyes have been located in many states besides Montana, including California, Texas, New York, and New Mexico.

WHILE AVAILABLE EYES fall short of the need, it is not possible for persons in every part of Montana to will their eyes for the life-giving use of some patient in need. At present, eye specialists in Missoula, Great Falls, and Billings have the capability and are prepared to accept donors' eyes.

Persons in those areas who want more information or wish to donate their eyes should contact the Northwest Eye Bank, 500 West Broadway, Missoula, Montana 59801. There is practically no age limit for the donors. Eyes which have been donated have come from persons ranging in age from seven and a half to seventy years.

Most of the donated eyes are used by eye surgeons for corneal transplants.

Glaucoma Program Started Through Citizen's Efforts

Glaucoma is a condition of the eye characterized by a buildup of intraocular pressure. Undetected and untreated it can result in blindness. Statistically, glaucoma affects about 2.5 percent of the population over 40.

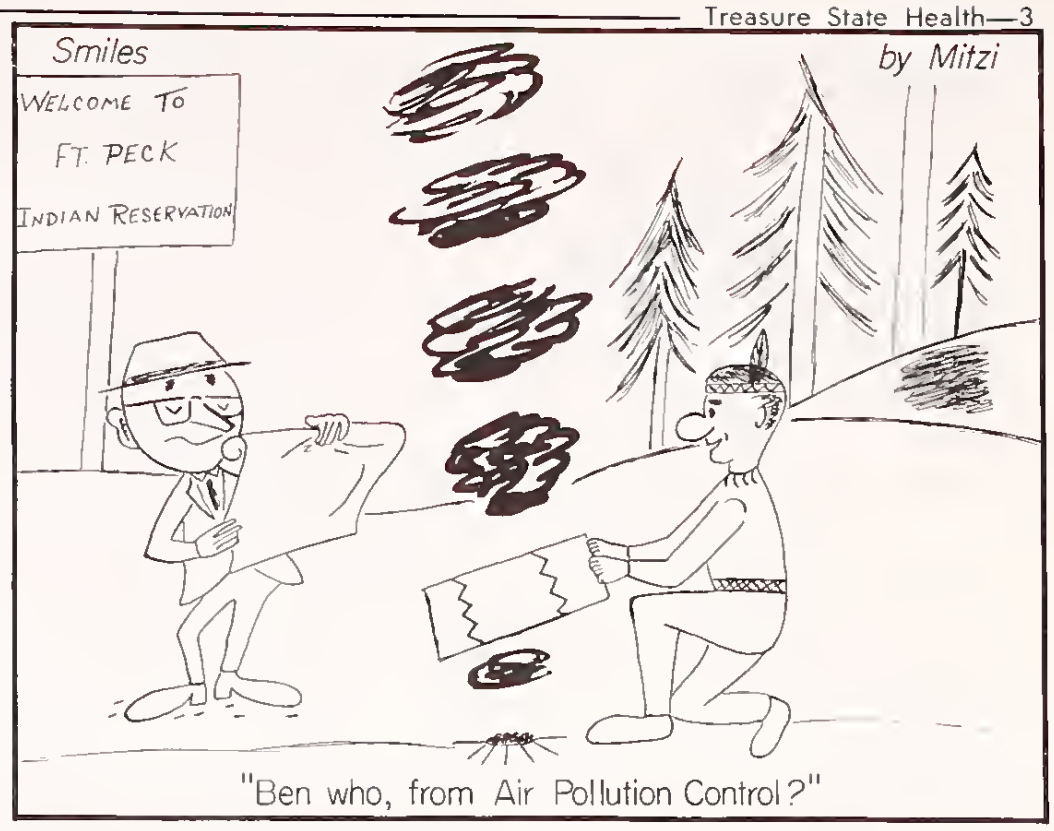
Mrs. Henry Reinemer, of Circle, is a widow with a special interest in glaucoma. Her late husband had the disease. After his death, she sought a way to help other people who had the condition.

Recently, she donated funds for the State Department of Health to purchase a tonometer and a calibrator, the necessary equipment to screen patients for glaucoma. A nursing consultant received training from an ophthalmologist in the use of these instruments, under medical supervision, and, for the first time, the State Department of Health was prepared to offer glaucoma screening to high-risk groups throughout the state.

Not long ago, glaucoma screening was offered as a part of multiphasic screening clinics held in Garfield and McCone counties. A total of 363 persons were screened for the condition and eight were referred to specialists for a definitive evaluation.

Current plans call for a continuation of glaucoma screening of high-risk groups throughout Montana, concentrating first on programs for senior citizen centers.

Certainly, Mrs. Reinemer was instrumental in the launching of this new health service for Montana's people. As the program progresses and increasing numbers of persons are spared from blindness as a result, she can derive much personal satisfaction from the fact that she did, indeed, build a lasting memorial to her husband.



"Ben who, from Air Pollution Control?"

Several Health Recommendations Emerge From Recent Montana White House Conference on Aging

Much of the time of participants in the Montana White House Conference on Aging, held in Lewistown, May 25-26, was spent reviewing, studying and hammering out recommendations that will be carried by the state's delegates to the national White House Conference on Aging, scheduled for November of this year.

Study was concentrated on the following areas of need of older citizens: income, nutrition, retirement roles and activities, housing, education, spiritual well-being, transportation, employment and retirement, and health.

Members of the health study group agreed on the following goals and recommendations, some local and some national in scope:

—Health services for the aged generally should remain inseparable from the services for all adults, as at present, but there should also be special clinics and services to meet the needs of the aged.

Present help given older citizens through Medicare and Medicaid should be expanded to include other services, such as drugs, hearing aids, glasses, dentures, psychiatric care, etc. This present system, with expanded services, should be retained until an improved nationwide program can be developed.

—In the long run, the responsibility for the entire spectrum of health services (physical and mental) for the aged and all ages should be vested in the public sector of society at the national level, and such a system should be legislated and financed.

There should be a continuing program of public education dealing with the specific physical and mental changes associated with the process of aging, and diseases of the aged. This should be provided on a national scale using all available media.

—Continuing research should be emphasized. New knowledge in geriatrics should be utilized in all training programs for health personnel.

—All of the state's counties should implement the one-mill levy made possible by the 1971 legislature. These funds should be used to help establish senior citizen's centers and/or provide needed services for the elderly, including health screening programs.

—Activities such as friendly visiting and telephone reassurance programs should be organized wherever feasible to help maintain dignity, worth and independent living for the older person.

John Haugen, planner for the Montana Commission on Aging, and Lyle Downing, executive director, had basic responsibility for handling of the conference. Governor Forrest H. Anderson was the featured speaker at an evening banquet, held at the Yogo Inn.

Dr. Victor Duke Is Named To Advisory Council

Dr. Victor H. Duke, professor of pharmacology at the University of Montana School of Pharmacy, Missoula, has been appointed to the National Advisory Council on Health Professions Educational Assistance, according to a recent announcement by Dr. Robert Q. Marston, director of the National Institutes of Health.

Dr. Duke will join a team composed of leading authorities in the field of health professions education and representatives of the general public in advising Dr. Marston and the NIH Bureau of Health Manpower Education on the regulations and administration relating to the Health Professions Educational Assistance and Scholarship programs. The aims of both programs is to reduce the critical shortage of health professions personnel.

Progress Scored Against Smoking

In our neighboring state of Washington, the volume of cigarettes smoked last year amounted to 92.5 packs for every man, woman and child. Nevertheless, the amount of smoking in that state has been reduced by six percent during the past five years.

Dr. Daniel Van Horn, director of the National Clearinghouse for Smoking and Health, predicts the percentage of Americans who smoke will go down to 25 percent by 1975. The number of those who smoke is now 36 percent, down from 42 percent in 1966.

THE REDUCTION in cigarette smoking and the number of smokers in the nation since the original report by the Surgeon General on Smoking and Health is traceable to the educational efforts of many persons and groups. The leadership of nationally-known persons, such as consumer advocate Ralph Nader, has been helpful. Educators have been devoting more time and emphasis in the schools to teaching about the effects of heavy cigarette smoking. Recently, PTA's have had a three-year effort going to combat smoking. "Get Smart—Don't Start" programs are being offered to schools in many communities by such agencies as local heart associations.

Some churches have offered week-long, concentrated workshops designed to help people kick the habit. The Seventh Day Adventist Church has taken the lead in offering such courses to communities in Montana.

Recently, a bill was introduced in the U.S. Senate which, if passed, would require the Secretary of Transportation to prescribe regulations requiring public transportation in interstate commerce to reserve some seating capacity for passengers who do not smoke.

MANY SMOKERS deeply wish they could eliminate the habit but a large number need help. Such help will probably be increasingly available during the current decade, taking the form of many parallel efforts. Anti-smoking clinics, which involve a type of group effort (which is close to group therapy) will be increasingly on the scene. Radio and television efforts by official and voluntary agencies will take on greater sophistication, doubtless becoming more effective. Some authorities believe the most effective anti-smoking advocate today is the individual physician. In 1960, some 60 percent of the doctors smoked; in 1970, the number had been reduced to 30 percent.

It all adds up to the fact that genuine progress is being made in the nation in helping people eradicate a habit which has been clearly defined as a health hazard.

CDC Administration Course Scheduled Here In August

A course in the "Administrative Process in Disease Control" will be presented in cooperation with the State Department of Health and Montana State University by the U.S. Center for Disease Control, Training Program, August 16-20, in Helena.

Public health workers in all disciplines throughout Montana will be elgible to enroll in the course but the number of participants will be limited to 40 persons. Applications will be accepted on a first-come, first-serve basis.

Some of the subjects to be covered during the five-day course will include introduction to the administrative process; identifying health needs and demands; problem identification; performance budgeting; management decision-making; community support and motivation; principles of program planning; program planning and evaluating; and writing program plans.

Faculty for the course includes recognized experts on various subjects from many parts of the nation. Persons who attend the course will have opportunities to question authorities on particulars not covered in detail in the general instruction; examine community data for health and health-related indicators, and decide which administrative control techniques are applicable; work with and exchange ideas with persons of their own and other public health disciplines; participate in group workshops using the team approach for solving health problems.

Inquiries and applications for enrollment should be directed to Mr. Vernon E. Sloulin, Division of Environmental Sanitation, State Department of Health, Helena, Montana 59601.

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Diet and Heart Disease

Note: The following article was prepared by Mrs. Dorothea Davis, Nutrition Consultant, Division of Disease Control, State Department of Health.

Is is true that we should all change our food habits so that we can stop worrying about diseases of the heart and blood vessels? This is a question that is often asked and the answer is not easy. The reason that there can be no flat "yes" or "no" is because physicians and research scientists do not agree among themselves. They do not agree because there is still a lot that is not known about what happens to food in the body. However, physicians can and do advise their patients about the known risk factors associated with cardiovascular disease. These include family history, sex, age, smoking, stress, blood pressure, diabetes, over-weight, lack of exercise, blood cholesterol and blood triglycerides. Since it is obvious that diet is associated with several of these factors, most people are concerned about their own diet or that of someone near to them. Most people are confused about diet in relation to heart disease and hear different dietary restrictions.

Some groups of scientists and physicians recommend a meal plan for all Americans that is low in saturated fat and cholesterol. They also publish detailed diet instructions in leaflets which are distributed to the public. Other groups. however, made up of equally prestigious scientists and physicians, prefer to wait for more conclusive evidence about diet in relation to the prevention of heart disease. They recommend that Americans eat a varied and adequate diet, and that they maintain normal body weight.

From these two different kinds of advice, the consumer must choose. The homemaker who buys the food for her family must decide from what she reads in magazines and on labels, from what she sees on television, and from what she hears from friends just which foods are best. Probably the best advice that public health nutritionists can give is as follows:

(1) Do not attempt self-diagnosis and self-treatment. Only your physician knows when your diet should be changed because he knows what your risk factors are in relation to the prevention of cardiovascular diseases.

(2) Do something positive if your weight is not within the recommended range. A diet from your physician is the best way to start, but even without that most people who are really concerned about their health can control their weight. Four well-known recommendations will solve the problem of obesity if accepted and honestly tried. These are:

—Eat less food.
—Eat less fat.
—Eat less sugar.
—Increase activity.

Accidental Deaths
Montana, January-April, 1971
By Type of Accident

Type	April	Jan.-April
Home	10	35
Work	1	11
Motor Vehicle	21	64
Public Non-Motor Vehicle	11	37
Unknown	....	8
TOTAL	43	155

Employment Opportunities

Classification	Qualifications
Industrial Hygiene Engineer	Degree in engineering and three years experience in industrial hygiene or air pollution control.
Industrial Hygienist	Degree in chemistry and three years experience, including one in industrial hygiene.
Public Health Nurse IV— (Maternal and Child Health)	Master's degree and four years experience, including two in MCH.
Air Pollution Control Specialist	Degree in science. Experience in air pollution control desirable.
Sanitarian III	B. S. degree in science and five years experience, or M.S. degree and three years.
Sanitarian II	M. S. degree, or B. S. degree in science and two years experience.

Contact Administrative Officer, State Department of Health, Cogswell Bldg., Helena, Montana 59601.